

**OFFICE OF COMMISSIONER OF INSURANCE**

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

Ralph T. Hudgens, Commissioner

2 Martin Luther King Jr., Dr., Suite 916, West Tower, Atlanta, GA 30334

Phone: 404-656-7553



www.oci.ga.gov

PREMIUM TAX

GID-012A-PT JUN2013

STATEMENT OF QUARTERLY PREMIUM TAX

FOR THE PERIOD ENDED _____, 2013

CHECK HERE FOR ADDRESS CHANGE ☐CONTACT CHANGE ☐AMENDED ☐

Company Name _____
Mailing Address for Premium Tax _____
City, State and ZIP _____
Contact Name for Premium Tax Issues _____
Contact Phone Number _____
Contact E-Mail Address _____
Company Type: Life and A&S _____ HMO _____ P&C, Surety or Captive _____ Title _____ Other _____
State of Domicile _____ Company NAIC Number _____

METHOD 11a. Total Tax Paid for year ended 12/31/2012
(Form GID-012-PT, Line 14 for 2012)

\$ _____

1b. Prepayment Due
(Line 1 Times .25)

\$ _____

METHOD 22a. Estimated Taxable Premiums for
this Quarter

\$ _____

2b. Prepayment Due
(Line 2a times .0225)

\$ _____

3. Prepayment Due From Line 1b or Line 2b Above

\$ _____

4. Prior Year Overpayment To Be Applied This Quarter

\$ _____

5. Payment Included With This Statement (Amount on Line 3 Minus Amount on Line 4)

\$ _____

CHECK THIS BOX IF PAYING BY ACH → ☐**ELECTRONIC FILERS:**

(Preferred Option)

File & Pay Electronically By ACH
SEND NO PAPER RETURNS**PAPER FILERS:**

(Alternative Options) — Use ONLY if filing PAPER RETURN

If Paying By ACH, File Return:Georgia Dept. of Insurance
Suite 916
#2 Martin Luther King, Jr. Dr.
Atlanta, GA 30334**If Paying By Check via Mail:**Georgia Dept. of Insurance
Premium Tax Division
P.O. Box 935134
Atlanta, GA 311935134**If Paying By Check via Courier Overnight:**Wachovia Bank
Georgia Dept. of Insurance-Premium Tax Division
Lockbox 935134
3585 Atlanta Ave., Hapeville, GA 30354**INSTRUCTIONS**

1. Estimated quarterly payments must be at least 80% of tax actually due (NOT OF TAX ESTIMATED TO BE DUE) for the quarter or you may make four equal quarterly payments based on preceding calendar year's tax. (O.C.G.A. § 33-8-6)
2. Make checks payable to "Georgia Insurance Department."
3. Abatements/credits provided for in Title 33 of the Official Code of Georgia Annotated may not be used in determining quarterly estimated premium tax due.
4. Pay Tax and have quarterly reports POSTMARKED BY U.S. POSTAL SERVICE (NOT IN-HOUSE POSTAGE EQUIPMENT) on or before the 20th day of March, June, September and December. OTHERWISE, THIS FORM MUST BE RECEIVED BY THE GEORGIA INSURANCE DEPARTMENT ON OR BEFORE THE 20th DAY OF MARCH, JUNE, SEPTEMBER, AND DECEMBER. If you prefer to use the electronic funds transfer method of payment, please contact the Georgia Insurance Department at (404) 656-7553 for bank information and instructions.
5. Valid period ending dates are March 31, June 30, September 30, and December 31.
6. If you have questions regarding the completion of this form, please contact the Premium Tax Unit of the Georgia Insurance Department at (404) 656-7553. (E-mail: premiumtax@oci.ga.gov)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

ELECTRONIC FILERS:☐ Fill-in name, email and phone number below. By checking this box, I am acknowledging that I am a legally authorized representative of the company and have the authority to e-file the premium tax statements.**FILER'S INFO**

Corporate Officer's Name (Please Print)

Corporate Officer's Email Address

Telephone Number

PAPER FILERS SIGN HERE

Signature of Corporate Officer of Taxpayer

Date

Title

GEORGIA INSURANCE DEPARTMENT - PREMIUM TAX UNIT

***** REMINDERS *****

• **DO NOT mail the Annual Premium Tax Return with your Annual Statement.**

(The Annual Statement should be mailed to the Regulatory Services Division, if required.)

- Any request for a refund of overpayment of state premium tax must be made **in writing and mailed separately** from the Annual Premium Tax Return. Please call our office at (404) 656-7553 if you have any questions.

- Website information: www.oci.ga.gov

Electronic Funds Transfer Information:

The State of Georgia accepts electronic transfer of funds (ACH) for state, local and fraud fund payments. If your company would like to utilize this method of payment, please contact the Premium Tax Division at 404-656-7553 for further information or premiumtax@oci.ga.gov. Funds transferred electronically must be available to the Office of Commissioner of Insurance on or before the applicable due date or penalty and interest charges will be assessed in accordance with O.C.G.A. § 33-8-6(d).

Additionally, the Annual Premium Tax Return and Statements of Quarterly Premium Tax must be filed with the Office of Commissioner of Insurance, regardless of which method of payment your company chooses to utilize. If your company uses a single electronic transfer to remit payment for a group of companies, you must provide a listing of all individual companies represented by such payment. This listing should include a breakdown of the amount of tax paid for each respective company.

2013 - DATES TO REMEMBER

March 1, 2013	Annual Premium Tax Return
March 20, 2013	First Quarter Statement of Quarterly Premium Tax
June 20, 2013	Second Quarter Statement of Quarterly Premium Tax
August 1, 2013	County/Municipal Tax
September 3, 2013	Special Fraud Fund Assessment
September 20, 2013	Third Quarter Statement of Quarterly Premium Tax
December 20, 2013	Fourth Quarter Statement of Quarterly Premium Tax

The items above are due on the dates indicated. This listing is not intended to be a comprehensive list of all filings due to the Georgia Insurance Department. This listing only addresses filings that are due to the Premium Tax Unit of the Georgia Insurance Department. Incomplete forms will be returned. To avoid penalties and interest, have form postmarked with a U.S.P.S. postmark-NOT IN-HOUSE POSTAGE EQUIPMENT.

Please note: Pursuant to O.C.G.A. §33-8-6(d); late payment, underpayment or non-payment of any of the above items will result in the imposition of penalties in the amount of 10% of the amount due, together with interest on the amount due at the rate of 1% per month or any portion of a month from the date due until the date paid.

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	Georgia Dept. of Insurance Suite 916 #2 Martin Luther King, Jr. Dr. Atlanta, GA 30334	Georgia Dept. of Insurance Premium Tax Division P.O. Box 935134 Atlanta, GA 311935134	Wachovia Bank Georgia Dept. of Insurance-Premium Tax Division Lockbox 935134 3585 Atlanta Ave., Hapeville, GA 30354